

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-8436-A	
2. NAME OF OPERATOR General Atlantic Resources, Inc. J 303-573-5100		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 410 17th St., Ste. 1400, Denver, Colorado 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' SEL		8. FARM OR LEASE NAME Diamond Mound Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3592.5 GL		10. FIELD AND POOL, OR WILDCAT Undesignated Atoka	
16. COUNTY OR PARISH Eddy		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-16S-27E	
17. STATE NM		18. STATE	

JAN 18 '91

C. C. D.
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

1. MIRU Halliburton. Install lines so well can be flowed back through a full open 2" line.
2. Treat the perforations 8840-8852' with 10 tons neat CO₂, followed by three stages of 400 gallons methanol and 400 gals 7-1/2 NeHCl acid and two stages of 50 RCN balls sealers and flushed with CO₂.
3. Flow back immediately through a full open 2" line to a pit.
4. Flow test.

Verbal permission was given from Adam Salameh on January 8, 1991.

RECEIVED
JAN 10 10 34 AM '91
CARL AREA

18. I hereby certify that the foregoing is true and correct

SIGNED David Putnam TITLE Operations Engineer DATE Jan 8, 1991

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-15-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side